

# FEE TRANSMITTAL

## For FY 2009

Complete if Known

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/578,057
	Filing Date	3/19/2007
	First Named Inventor	Csaba Szeles
	Examiner Name	Carolyn Igyarto
	Art Unit	2884
TOTAL AMOUNT OF PAYMENT	(\$)	65.00
	Attorney Docket	4375 - 061141

### METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account
 Deposit Account Number: 23-0650
 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	330	82	540	270	220	110	0
Design	220	110	100	50	140	70	0
Plant	220	110	330	165	170	85	0
Reissue	330	165	540	270	650	325	0
Provisional	220	110	0	0	0	0	0

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
<b>Total Claims</b>	<b>- 20 or HP</b>	<b>Extra Claims</b>
<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>- 3 or HP</b>	<b>Extra Claims</b>
<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

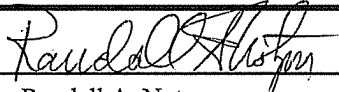
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		0

#### 4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other (e.g., late filing surcharge): <u>Petition for Extension of Time</u>	65.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,882	Telephone	412-471-8815
Name (Print/Type)	Randall A. Notzen	Date	October 10		